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CONSUMER TASK FORCE
JUNE 10, 2008

OFFICE OF LONG-TERM CARE SUPPORTS & SERVICES

Update for the Consumer Task Force

June 10, 2008

BUDGET - The DCH budget has passed the House appropriations subcommittee. The next meeting has not been announced yet. The bill has to go through the House Appropriations Committee next, then the House Floor. Once it passes the House, it will go to the Conference Committee.

GRANT UPDATES - Attached

OFFICE UPDATES:

- The Office has re-assigned Jane Alexander as the Long-Term Care Systems Development Manager.

- Erin Atchue has been hired as the new Long-Term Care Connections Project Associate, effective March 24. She will be assisting Nora Barkey with this project.

- Robin Mossberger joins the office as the Deficit Reduction Act/Money Follows the Person Evaluation and Data Analyst.

- Michael Daeschlein has left the office for a new position as Director, Administrative Support and Contract Development Section, Medical Services Administration

- Pam McNab has joined the office as the Evaluation and Quality Improvement Section Manager, effective Monday, June 2.

NEW GRANT OPPORTUNITY - Development and Implementation of a Person-Centered Hospital Discharge Planning Model - This grant solicitation builds upon the successes

and direction of earlier grant opportunities by providing targeted assistance to States' in their efforts to improve hospital discharge planning through collaboration with Aging and Disability Resource Centers, Area Agency on Aging and the Centers for Independent Living. Specifically, this grant opportunity is designed to:

- Promote the development and implementation of enhanced Person-centered Hospital Discharge Planning Models that meaningfully engage Medicaid-eligible, and potentially Medicaid-eligible individuals with disabilities (and their informal caregivers) to increase their opportunity to receive home and community-based services.
- Increase the capacity of existing, or develop new, single entry points (including ADRCs) to provide critical linkages to available long-term care services in the community and much needed supports for informal caregivers themselves.
- The two additional options are:
    - Option #1, Enhancing or Expanding Aging and Disability Resource Centers/ Single Entry Point Programs (ADRC/SEP)

    - Option #2, Development of a New Aging and Disability Resource Center/ Single Entry Point Program

  Michigan has submitted their intent to apply to CMS for this grant. The application is due July 17.

Real Choice

What's New

On April 17, 2008, the Centers for Medicare & Medicaid Services (CMS) released the Real Choice Systems Change/Aging and Disability Resource Center Grant Solicitation. Applications are due no later than July 17, 2008. Please see the full solicitation below for details.

Real Choice Systems Change (RCSC) and Aging and Disability Resource Center / Area Agencies on Aging (ADRC) Grants for Fiscal Year 2008
CMS has available approximately $8 million in funding to continue to support States' efforts to address complex issues in long-term care reform. In addition, CMS was also awarded $5 million for Aging and Disability Resource Center /Area Agencies on Aging grants.

Base Grant Category: Development and Implementation of a Person-centered Hospital Discharge Planning Model
Only one grant per State will be awarded. In addition to this base grant, two additional options are offered. States may apply for only the base grant funding, or funding under one additional option. A State may not apply for both options.

This grant solicitation builds upon the successes and direction of earlier RCSC and ADRC grant opportunities by providing targeted assistance to States' in their efforts to improve hospital discharge planning through collaboration with Aging and Disability Resource Centers, Area Agency on Aging and the Centers for Independent Living. Specifically, this grant opportunity is designed to:

Promote the development and implementation of enhanced Person-centered Hospital Discharge Planning Models that meaningfully engage Medicaid-eligible, and potentially Medicaid-eligible individuals with disabilities (and their informal caregivers) to increase their opportunity to receive home and community-based services. Also, these grants will

increase the capacity of existing, or develop new, single entry points (including ADRCs) to provide critical linkages to available long-term care services in the community and much needed supports for informal caregivers themselves. The two additional options are:

Option #1, Enhancing or Expanding Aging and Disability Resource Centers/ Single Entry Point Programs (ADRC/SEP)
Option #2, Development of a New Aging and Disability Resource Center/ Single Entry Point Program

Please see the download below for the full FY 2008 Solicitation.

Downloads

FY08 RCSC/ADRC Solicitation [PDF 212 kb]
RCSC 2007 Award Summary [PDF 20 kb]

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Real Choice Systems Change 2008
Person Centered Hospital Discharge and Option #1: Enhance ADRC
36 months (18 months planning, 18 months implementation)

Grant due: July 17
Grant amount: $1.1 - $1.3 million

PURPOSE:

Promote the development and implementation of enhanced hospital discharge planning models that meaningfully engage Medicaid-eligible individuals with disabilities (and their informal caregivers)

Increase the capacity of existing SPEs to provide critical linkages to available long term care services in the community and much needed supports for informal caregivers themselves

PLANNING PHASE:

Partners - need MOA with each that spells out roles, responsibilities, timeframes

- MI Health and Hospital Association
- MI Osteopathic Association
- MI State Medical Society
- MI Peer Review Organization
- Aging network service providers

Activities to be conducted:

Convene stakeholder advisory committee

Convene focus groups with disciplines identified below to understand current practice, issues, concerns, barriers

- Physicians
- Nurses
- Discharge planners
- MI Choice care managers
- DHS Adult Services case managers
- Others?

Re-engineer discharge process based on focus group learning:

- process mapping, gap analysis

Develop/compile resource materials (caregiver decision tools, discharge checklists, brochures, CDs, DVDs, training materials) for use in PCP and discharge planning, general consumer education, and by caregivers (all, paid and unpaid) post discharge

Develop capability within hospital discharge to initiate PCP as soon after admission as is feasible

- OC operating as “discharge advocate” co-located within hospital discharge
- OC/DA involvement within 24 hours of admission
    - Develop “patient profile” to flag admissions of patients within target population
    - Meet early in stay with patient and caregivers (both formal and informal)
    - Educate, clarify likely support/service needs
        - Provide resource information
        - Caregiver assessment
        - Discharge checklists
    - Plan delivery of supports post discharge
    - Flow PCP information to the overall discharge plan.

Work with medical associations (MHHA, MOA, MSMS) and QIO to ensure the integration of PC thinking into continuing education curriculum.

Identify a demonstration site:
- Must be within a LTCC demonstration area
- Solicit hospital candidate(s) from MHA. Candidate must be supportive at all levels and make commitment to invest time and implement changes.
- Involve all MI Choice waiver providers within demonstration area
    - Coordination with CMs
- Involve all county DHS offices in demonstration area
    - Coordination with AS workers

IMPLEMENTATION:

Training focused on PC thinking made available to hospital stakeholders
- administrators
- medical professionals
- front-line staff

Specially trained OCs (discharge advocates) co-located within discharge planning department of chosen hospital

Training on re-engineered discharge protocol provided to hospital social work department:
- management
- discharge planners
- OC discharge advocates

Implementation of re-engineered protocol at demonstration site no later than April 1, 2010

Michigan's State Profile Tool Grant

ABSTRACT

Michigan's State Profile Tool Grant will build upon Michigan's current long-term care system transformation efforts, which have as a foundation the Governor's Long-Term Care Task Force recommendations. Those recommendations are being implemented through the state's single point of entry demonstration initiative, its Self-Determination in Long-Term Care Initiative, its CMS Systems Transformation Grant and other grants that all contribute to the state's direction for long-term care. Developing Michigan's State Profile will be a unifying process that will produce a clear qualitative and quantitative picture of the long-term care system at a time of fundamental change. The Profile will help manage and assess those changes and describe them to our many highly invested and engaged stakeholders. The Profile will focus on Michigan's long-term care populations of the elderly and adults with physical disabilities, while including the systems that serve adults with developmental disabilities, adults with mental illness and children. The Profile will be useful in describing the interaction between systems, the relationship between populations, and the opportunities for closer coordination. The Profile will also include a special focus on the subgroup of individuals with dementia, as a group that receives services from more than one system and may benefit from a closer examination of the service options now available and outcomes experienced.

The second portion of the grant involves contributing to the development of national balancing indicators. Michigan currently has multiple initiatives that involve the development of management and evaluation data within the long-term care system, including single point of entry demonstrations, the MI Choice waiver quality initiatives, nursing facility transition services, and implementation of a pre-paid health plan model for long-term care. The work on national balancing indicators will help unify the department's various efforts to produce sound management information and reports, with the useful addition of common national measures that will allow comparisons across states. Michigan's contribution to this effort will be enhanced by our partnership with the University of Michigan's Institute of Gerontology, which is a national leader in the development and use of the Minimum Data Set for nursing facilities and home care and MDS-based quality indicators. Michigan also has a sophisticated data warehouse, which will be a vital partner in achieving the grant goals.

The grant goals include: (1) better integration of the planning and management of the state's long-term care systems change initiatives (2) development of integrated management reports on cost, utilization, quality and outcomes, (3) use of the State Profile and balancing indicators for describing the changing long-term care system to various stakeholder groups, (4) development of recommendations for strengthening services and outcomes for individuals with dementia, and (5) support for consumer participation in an on-going, data-based stakeholder dialog on long-term care balancing issues.

The grant partners will include the Michigan Public Health Institute, the Michigan Disability Rights Coalition and the University of Michigan Institute on Gerontology. The

budget for the grant is $504,601 for the three-year grant period. The budget includes $479,371 in federal funds and $25,230 in the state's in-kind match.

State Profile Tool Grant
Overview

Grant Goals:

1. Better integration of the planning and management of the state's long-term care systems change initiatives
2. Development of integrated management reports on cost, utilization, quality, and outcomes
3. Use of the State Profile and balancing indicators for describing the changing long-term care system to various stakeholder groups
4. Development of recommendations for strengthening services and outcomes for individuals with dementia
5. Support for consumer participation in an on-going, data-based stakeholder dialog on long-term care balancing issues

Profile Components:

1. Background: major factors that shaped LTC development
2. Administration: government agencies responsible for publicly-funded services
3. Description of available home and community-based services for long-term care.
4. Description of service gaps within LTC and between LTC and other HCBS systems.
5. Demographic and utilization data showing the demand for and use of long-term supports.
6. Description of Michigan's progress in relation to key components of system rebalancing:
    a. Consolidated state services
    b. Budget and policy coordination for institutional and HCBS within one state agency
    c. Single access points
    d. Institution supply controls
        i. Certificate of need
        ii. Other
    e. Transition from institutions

    i. Outreach and assistance options
f. Continuum of residential options
g. HCBS infrastructure development
    i. Recruitment and training to ensure a sufficient workforce
h. Participant direction
i. Quality Management
    i. Measures of outcomes and compliance with program requirements
    ii. Strategies for improvement

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State Profile Grant
Consumer Support for Advisory Council

The focus of the Consumer Support Initiative of Michigan's State Profile Grant is to assure that participating Consumers are offered background information of Michigan's efforts to both reform long-term care, and the specific material and activities of the State Profile Grant, to prepare them to participate as full members of the State Profile Grant Advisory Council.

This will be accomplished through a series of seminars held the day before the Advisory Council's meetings. The seminars will offer information about issues and topics to be considered by the Advisory Council, and allow time for consumers to consider that information in light of their own experience as recipients (or potential recipients) of LTC supports and services.

The discussions and seminars will probe Consumer experience for creative ideas and recommendations to improve the design and delivery of LTC supports and services, including ideas of current gaps in service and types of data that could demonstrate those gaps.

MDRC staff, consulting with OLTCSS will identify topics for each seminar that parallel the agenda of the Advisory Committee meetings. MDRC will then design a learning module for the seminar that might include making arrangements for outside speakers, as well as active learning designs and facilitated discussions. MDRC will arrange the logistics of the seminar and the overnight accommodations for participating Consumers, including reimbursement for any and all travel expenses.

CONSUMER TASK FORCE

UPDATE OF PROJECTS

JUNE 2008

Michigan's Long Term Care Connections
1-866-642-4582
www.michltc.com

Michigan Long Term Care Connections Activity and Service Update for October 2007 to March 2008

Table 1. Calls to LTCC sites from October 2007 to March 2008.

	October 2007 to March 2008	
	Number of Calls	% of Calls
Type of caller		
Consumer	4,311	31.5%
Caregiver/relative	3,126	22.8%
Professional	2,424	17.7%
Other	3,629	26.5%
No information	208	1.5%
Call made for consumer		
60 or over	10,174	74.3%
under 60 years old	2,214	16.2%
No information	1,310	9.6%
Call made for consumer		
with disability	9,251	67.5%
no disability	1,114	8.1%
No information	3,333	24.3%
New vs. repeat caller		
New caller	8,870	64.8%
Repeat caller	3,894	28.4%
Unknown	934	6.8%
Total number of calls	13,698	

Table 2. Unique consumer demographic information, October 2007 to March 2008.

	October 2007 to March 2008	
	Number of Consumers	% of Consumers
Sex		
Male	3,652	30.2%
Female	7,338	60.6%
No information	1,112	9.2%
Age		
60 or over	8,925	73.7%
under 60 years old	1,940	16.0%
No information	1,237	10.2%
Poverty Level		
Below 300% of SSI[1]	5,206	43.0%
Above 300% of SSI	2,002	16.5%
No information	4,894	40.4%
Disability Type[2]		
Dementia	1,836	15.2%
Mental illness	825	6.8%
MR/DD	94	0.8%
Physical	6,184	51.1%
Sensory	590	4.9%
Traumatic brain injury (TBI)	75	0.6%
Other disability	961	7.9%
>1 disabilities	2,163	17.9%
No disability	1,054	8.7%
Unknown	3,157	26.1%
Total number of unique consumers	12,102	

[1]Below 300% of SSI numbers were adjusted to include consumers with missing poverty level information but were documented as being on Medicaid at the time of the call.
[2]These are not mutually exclusive; an individual may be captured in more than one category.

Table 3. Call-related information, October 2007 to March 2008.

	October 2007 to March 2008	
	Number of Calls	% of Calls
Where did caller hear about SPE (referral source)		
Agency Referral	3,180	23.2%
Nursing/other LTC facilities	3,400	24.8%
Hospital/doctor/soc worker	1,604	11.7%
Family/relative/friend	1,665	12.2%
Media	546	4.0%
Community organizations	55	0.4%
Other	1,332	9.7%
Unknown	1,916	14.0%
Type of call		
Information & referral	9,197	67.1%
LOC determination	3,424	25.0%
Other	869	6.3%
No information	208	1.5%
Address type when call was made		
Residence	7,227	52.8%
Nursing facility	2,964	21.6%
Hospital	124	0.9%
AFC/Home for the aged	26	0.2%
Assisted living	43	0.3%
Rehab	9	0.1%
Other	135	1.0%
No information	3,170	23.1%
Total number of calls	13,698	

Table 4. Reported needs, October 2007 to March 2008.

Reported Need Category	October 2007 to March 2008	
	Number of Consumers with Reported Need[1]	% of Consumers with Reported Needs
ADRC	4,681	51.8%
State Medicaid Waiver Program	1,288	14.3%
Other Medicaid related needs	673	7.4%
Nursing Home Transition Financing Program	131	1.4%
Area Agencies on Aging	555	6.1%
Long-term care facilities/day program related	406	4.5%
Long-term care/health insurance/Medicare related	718	7.9%
Public assistance/benefits related	150	1.7%
Food/meals related	1,744	19.3%
Housing/shelter/utilities/home maintenance related	1,108	12.3%
Transportation-related needs	310	3.4%
Care/case management	267	3.0%
Personal care/homemaker/housekeeping assistance	829	9.2%
Specialized & other information and referral	481	5.3%
Other/miscellaneous	917	10.1%
Total number of consumers with associated need information	9,013	

[1]A consumer can have more than one reported need; thus the sum of this column (14,258) is greater than the number of consumers with reported needs.

Table5. Option Counseling Cases, October 2007 to March 2008.

LTCC Sites	Number of Option Counseling consumers who were active at some point within October 2007 to March 2008
Detroit LTCC	2,486
Southwest LTCC	803
West Michigan LTCC	1,043
UP LTCC	814
Total number of Option Counseling Cases	5,416

MEDICAID INFRASTRUCTURE GRANT (MIG) UPDATE:

There are presently 1074 Freedom to Work (FTW) participants.

A Medical Services Administration (MSA)/MIG joint meeting was held on April 15. MSA hopes to have a staff hired by mid-May to address transitioning people from AD Care to FTW. A core workgroup (Tony Wong, Norm Delisle, Jill Gerrie, and Laura Hall with technical assistance from the National Consortium for Health Systems Development under MIG contract) are meeting to prepare a proposal on what "improved" FTW language would include. Comments will be sought from the larger disabilities community when this initial research and analysis is completed. MSA will give this proposal consideration for an amendment, conduct an actuarial analysis, and provide response to the proposal. It was discovered that a person became ineligible for FTW when the SSA Cost of Living for the person's SSDI check outpaced the federal poverty level leading to the person having too much UNEARNED income under the present language.

Joe attended the national Medicaid Infrastructure Grant conference held by the Centers for Medicare and Medicaid on April 21-24. Su Min Oh with DCH also attended this conference. Su Min leads DCH's Evidence Based Practice employment initiative based on the Dartmouth Model for persons with mental illness. Major Topics included:

- Mathematica provided an overview of its recent report on Medicaid Buy-in participation (this is MI's Freedom to Work/Medicaid Buy-in)
- National efforts to increase supported employment
- Best practices for using data to affect policy change
- Employer networking and recruiting – I gave a brief presentation on the Supported Self-Employment 101 Handbook that Mike championed to have printed here in MI
- Reaching the "hard-to-reach" Medicaid Buy-in participants (youth, people of color, etc.)
- SSA – Ticket to Work update on Employment Networks
- Benefits Counseling
- MIG sustainability
- Transportation – Yep…it's a problem across the nation

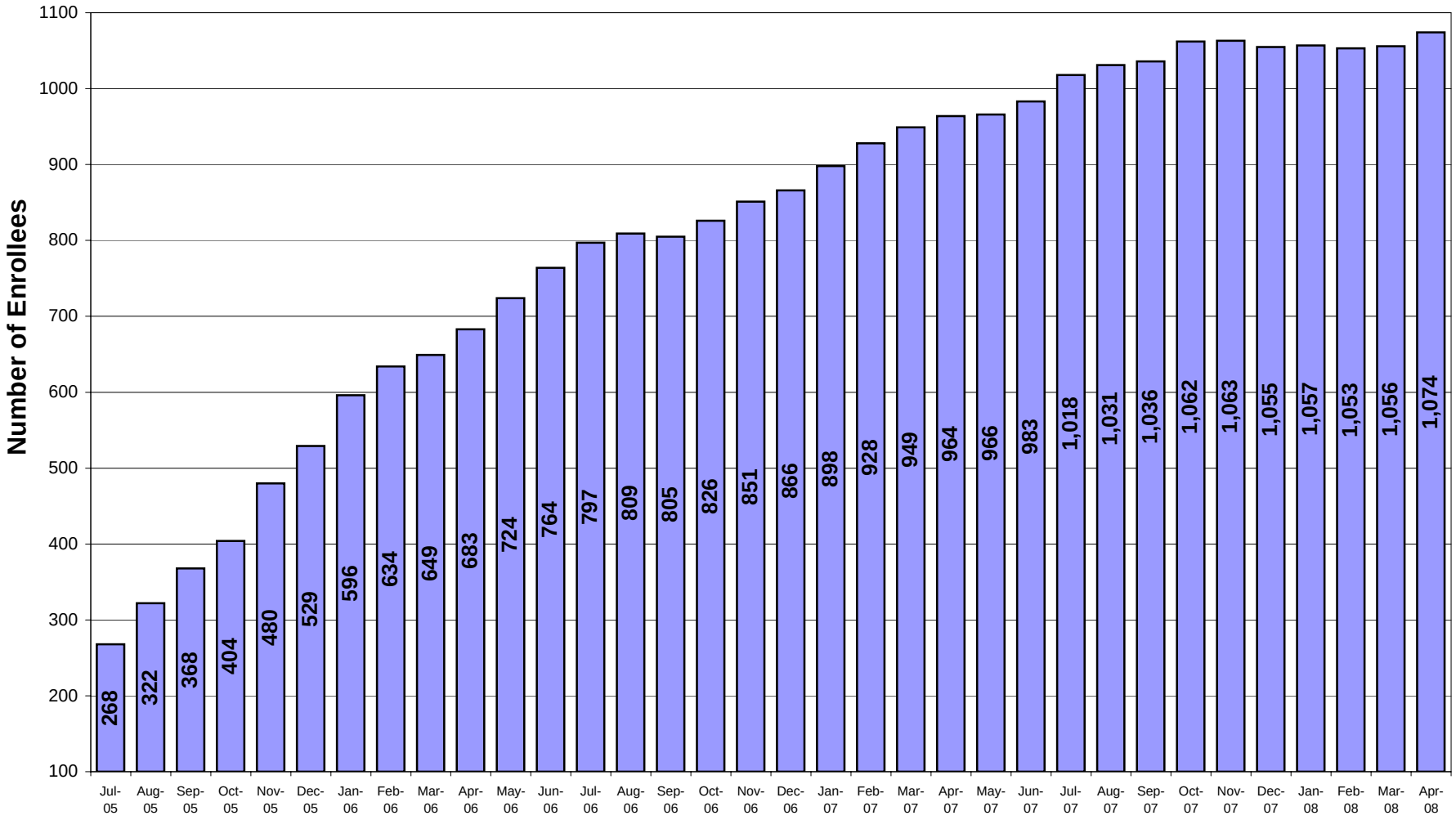
Social Security anticipates posting the new Ticket to Work regulations by late May and having them implemented in Early July. The new regs also outline establishing Employment Networks (ENs). ENs will have the potential to generate revenues much sooner than before and it may be seen as far more appealing to providers, businesses, and other agencies to create an employment network at this time.

Project Search meeting went well with over 20 people attending. Both Voc Rehab and the Dept. of Ed attended. This was a positive note given the role either play in this potential employment answer for persons with significant cognitive challenges. Five MI Project Search initiatives also attended and shared information relative to improving communications/successes with implementation.

Freedom to Work Enrollment - By County -APRIL 2008

Alcona	1	Kent	104
Alger	1	Lapeer	10
Allegan	11	Leelanau	1
Alpena	2	Lenawee	14
Antrim	3	Livingston	6
Arenac	4	Mackinac	2
Barry	5	Macomb	67
Bay	32	Manistee	6
Benzie	5	Marquette	10
Berrien	31	Mason	4
Branch	9	Mecosta	6
Calhoun	15	Menominee	4
Cass	5	Midland	16
Charlevoix	6	Monroe	15
Cheboygan	2	Montcalm	1
Chippewa	11	Montmorency	2
Clare	6	Muskegon	41
Clinton	6	Newaygo	9
Crawford	2	Oakland	97
Delta	8	Oceana	4
Dickinson	8	Ogemaw	1
Eaton	15	Ontonagon	1
Emmet	5	Osceola	3
Genesee	31	Otsego	12
Gogebic	4	Ottawa	23
Grand Traverse	28	Roscommon	4
Gratiot	3	Saginaw	9
Hillsdale	6	St. Clair	15
Houghton	8	St. Joseph	9
Huron	5	Sanilac	7
Ingham	46	Shiawassee	9
Ionia	2	Tuscola	5
Iosco	1	VanBuren	8
Iron	2	Washtenaw	37
Isabella	6	Wayne	91
Jackson	15	Wexford	6
Kalamazoo	62	TOTAL	1,074
Kalkaska	3		

Michigan FTW Enrollees
April 2008



STATE PROFILE TOOL
JUNE 2008

- Michael Daeschlein has moved to another position within the Medical Services Administration. Jackie Tichnell will take over this project. She is meeting with the MPHI consultant to determine the status of this grant.

- The initial steps have been taken to create the stakeholder group for this grant.
  - Applicable state employees have been contacted
  - The grant is being presented to the Consumer Task Force for consumers and advocates to help with the grant

- Data will be obtained from various sources including the data warehouse, state demographics, and national data.
  - Several meetings will be held with those most involved in the target population of
    - Aging
    - Persons with disabilities
    - Persons with dementias
  - Interviews will be held with those who are not as involved
    - Children's Special Health Care Services transitions
    - Developmentally disabled
    - Mentally ill

- Michigan's profile will be drafted by the consultant (MPHI).

- Stakeholders will also be involved in the development of national benchmarks for long-term care.

Contacts will include:

o Children's Special Health Care Services o Nursing Home Closures o Housing o PASSAR o Eligibility o Home Help o PACE o Physical Disability Services o Hospice	o Traumatic Brain Injury Program o Department of Human Services o MSA o OLTCSS o Mental Health o OSA o Foster Care o Public Health Program for Alzheimers o MMAP

JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
OFFICE OF SERVICES TO THE AGING
LANSING

SHARON L. GIRE
DIRECTOR

DATE: June 4, 2008

TO: Consumer Task Force

FROM: Wendi Middleton

SUBJECT OSA's AoA NHD Grant Update

Three of the four workgroups have met and are moving along toward their respective goals.

Targeting Workgroup: The work of the targeting group is to determine the subset of those over age 60 who are receiving or will receive Older American's Act-funded services, are at risk of nursing home placement, but are not Medicaid eligible, to be included in the demonstration project. The form developed by this group formerly called the "targeting" form is now called the "triggering" form and has been altered again to include more IADL information and space to record whether or not family members are willing to contribute to the cost of services - if that information is volunteered. In addition, it was determined that for the duration of the grant, anyone found to have income/assets above the waiver eligibility level would be referred to Independent Living Consultation.

Policies and Standards Workgroup: The work of the policy and standards workgroup is to identify barriers in existing state level policy which could prevent implementation of the grant and revise them to support grant activities. This group has reviewed and approved an altered Information and Assistance service definition which includes person-centered thinking and use of the triggering form. At the latest meeting (June 3), the group discussed the need to look at the care management protocol for revision and also empowered the partner AAA's to begin using Older American's Act and Older Michiganian's act funds for those enrolled in Independent Living Consultation.

Training and Outreach Workgroup: On May 19, 2008, 43 Information and Assistance (I & A) Specialists from AAA Regions 1-B in Southfield, 6 the Tri-County Office on Aging and 8 AAA of Western Michigan attended a training on using a person-centered approach for information and assistance services. The evaluations were extremely positive and many I & A specialists reported that they thought they were person-centered already, but could see many ways in which they could improve the way in which they work with callers. On May 20, 2008, I & A specialists and leadership from the three partner AAA's (1-B, 6 and 8) came together for a collaborative learning session at which facilitated discussions about how change at the personal, functional and organizational levels would have to change in order to support integration of person-centered thinking into the I & A process. Suanne McBrien, consumer task force member

and member of the NHD Training and Outreach Workgroup, and Jack Vint, consumer task force member and NHD Targeting Workgroup members, were in attendance. Evaluations for

the May 20th session were also extremely positive. I & A specialists and AAA leadership who attended this session will be reconvened in October to share what was learned, what worked and what did not.

Training for care managers originally scheduled for June 23 and 24 has been cancelled. The training subcommittee held a focus group for care managers on May 24th in preparation for future training. Based on this input a survey of all care managers in the state will be conducted to explore care manager experience with person-centered thinking and person-centered planning.

The tentative training schedule for the remainder of the grant period is as follows. More specific dates will be available for the July consumer task force meeting update.

August: OSA Staff Training
1-day - I & A Specialist Training for Non-Partner AAA's and providers

September: Partner AAA Leadership Training (2-day)

October: Partner AAA Care Manager Training (2 separate sessions)
Care Manager Collaborative Learning Session
1-day - Non-partner AAA Care Manager Training

Consumer Task Force members will be sent registration forms for several of these sessions. Please remember that financial support to attend will be made available.

Aging Information Systems: This workgroup will concern itself with grant specific data requirements and reporting. This group will not meet until later in the process.

Self Determination in Long Term Care
Update June 2008

Currently there are 270 participants enrolled in Self Determination. There are enrollees from the Pioneers Sites and 6 of the other waiver agents. Our next focus is to get the remaining waiver agents enrolling. We are doing monthly technical assistance calls. I will be visiting agencies to help get things rolling.

The final report to Robert Wood Johnson Foundation will be submitted by June 30. We were able to spend almost all the grant.

The PCP guidelines are also about ready to be distributed in a final version.

Project Success is complete. There are now 7 teams fully trained and available to conduct training to consumers and agency staff on being a successful employer. Each participant devoted several long hours to the intense curriculum. We are very proud of all. Thanks to Maureen and Darlene from PHI for their professional guidance.

We are working on measuring quality for people who choose Self Determination, both in terms of their satisfaction with the actual services as well as their quality of life. The POSM – Participant Outcome Status Measurement- is being finalized for use with Self Determination participants.

The next step for this program is to make sure everyone on the MI Choice waiver is able to choose Self Determination. We will do this by working with each waiver agent. We are also looking at other ways to incorporate PCP and Self Determination into other long term care systems. This includes working with people being transferred out of nursing facilities and getting services from other sources. We will be examining ways to include person centered planning and self determination throughout long term care in terms of policy.

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Update to Consumer Task Force
Long-Term Care Supports and Services Advisory Commission
Meeting Date: May 19, 2008

At its March meeting, the Advisory Commission changed its meeting schedule to reflect that day-long meetings are now held every other month. This was the first of the day-long Commission meetings.

Commissioner Hollis Turnham discussed two recommendations made by the Workforce Development workgroup: 1) pass state legislation to define the parameters of the Michigan CNA curriculum and registration process; and 2) ask DCH Director Janet Olszewski to seat an Advisory Commission member to the task forces on nursing education and nursing practice that were recommended by the MDCH Task Force on Nursing Regulation.

Commission attention turned to a budget advocacy letter to legislators that had been under development for several weeks. Chair Andy Farmer acknowledged that time was short as the legislature had scheduled a decision-making session for the following morning (May 20), and that the time had come for Commissioners to either support, block or stand aside according to the consensus model the Commission adopted in March 2007. Two Commissioners chose to stand aside, believing that the recommended actions would have negative impact one provider to the benefit of others. The letter was approved as written, and hand delivered to DCH Appropriations Subcommittee members the same day.

Public comment addressed the rising cost of gas and its effect on the direct care industry, from both a worker and provider agency perspective. Farmer proposed a second communication to the legislature urging supplemental appropriations later this year to address this and other cost increases that affect the entire array of services.

Nora Barkey and staff from the Southwest MI and West MI LTCCs provided a semi-annual update on the LTCC demonstration initiative. The update was built around the six logic model project goals and provided summary detail on the numbers and types of calls being received, consumer demographics, call related information, reported needs, satisfaction with service.

Peggy Brey, OLTCSS Interim Director presented information on a nursing facility quality improvement project being implemented in Detroit to address a trend of high regulatory deficiency rates, decreasing revenue, and facility closures. The project is being funded by the civil monetary penalty funds that are assessed against nursing homes. A full presentation on the project will be scheduled for the July meeting.

The next Long Term Care Supports and Services Advisory Commission will be held on Monday, July 28 in Grand Rapids.

Prepared by Jane Church
6/6/2008

Increasing Section 504's Minimum 5%/1%1%.
Information Bulletin #244 (4/08)

In earlier Information Bulletins, we explained that HUD's regulations for Section 504 of the Rehabilitation Act require that a minimum of 5% of housing units (which receives federal financial assistance) must be accessible to persons with mobility disabilities and another 1% each for persons with hearing and visual disabilities.

The 5%1%/1% minimum was established in 1988 when HUD promulgated its Section 504 regulations and has never been revised or updated. This minimum is no longer in tune with current statistics or data.

We need to request and demonstrate to HUD that it must increase the 5%/1%/1% for accessible housing in all federally funded programs (HOME, CDBG, and public housing) in your geographic area. There is a federal regulation that authorizes this increase. 24 Code of Federal Regulations section 8.22 (c), states that HUD "may prescribe a higher percentage [than 5%] ... upon request... by any affected recipient ... or agency ...based upon demonstration to the reasonable satisfaction of HUD of a need for a higher percentage ... based on census data...."

Here's how we can demonstrate the need for a higher percentage of accessible units than 5%/1%/1% so that your local Section 504 minimum requirements will more accurately reflect the number of persons with mobility disabilities who require accessible units. Go to http://factfinder.census.gov, click on data sets, then the 2006 American Community Survey, select your geographic location, then click on Subject, Tables, then disability characteristics.

As an example, I will use data for the entire United States as an example. Please keep in mind that both the census and the American Community Survey data includes only the "noninstitutionalized" population b i.e., it does not include any people in nursing homes or in intermediate care facilities for the mentally retarded.

First, in the U.S., the entire population 5 years and older is about 274 million people, of whom 6.8% (18.6 million) have one disability and another 8.3% (22.7 million) have two or more disabilities. Yes, the 2006 Census identifies 15.1%. That is a total of the 41.3 million noninstitutionalized people five years and older identified by the 2006 Census' American Community Survey update as having at least one disability.

Looking at persons five years and older with a "physical disability", there are about 26 million people - that's 9.5% of the population. People five years and older with a "sensory disability" are 11.5 million - nearly 4.2%. These figures include people at any income level b not just lower income people who would qualify for federally funded housing - and do not break down "physical disability" by type.

Second, the 2006 Census' American Community Survey breaks this data down by "poverty." In 2008, the Department of Health and Human Services defined poverty for one person to be $10,400, two persons $14,000, and four persons $21,200. Therefore, every individual receiving SSI ($637 federal minimum in 2008) is in poverty and every couple receiving SSI ($959 federal minimum) is in poverty. These people are noninstitutionalized and should be factored in to the minimum Section 504 accessible units necessary in your area.

Of the total people with incomes below the poverty level and with one or more disabilities not in institutions, there were about 21.5% of the 5 year and older population - nearly 9 million disabled persons. (Compare that with 11.2% of the population without a disability who were below the poverty level. If you're in poverty, you're nearly twice as likely to be disabled.)

Third, since about 60% of the persons in nursing homes (institutionalized and therefore not included in the 2006 Census American Community Survey) are on Medicaid, they are in nearly all in poverty. These people and disabled persons in ICF-MRs are not included in the ACS 9 million persons with disabilities in poverty. (You can find the number of people in nursing facilities in your state by type of disability in the CMS Minimum Data Sets and the number in ICF-MRs in Braddock "State of the States.")

Many of these institutionalized people are there because they cannot find affordable, accessible housing. These institutionalized people must be included when you're computing the minimum Section 504 accessible units required in your area.

Fourth, we know from the 2006 Census American Community Survey there are 5.5 million people in the United States with a physical disability and in poverty, and another 2.3 million with a sensory disability and in poverty (again, institutionalized people are not included in these figures). Find out

the information for your area and use it to demonstrate the need for more than the 5%/1%/1% minimum of 1988.

Fifth, keep in mind that most federally funded housing programs are no longer only for, or even primarily for, persons whose income places them in poverty. Housing Authorities can rent to persons up to 80% of Average Median Income and HOME rental funds can be used for persons at 60% AMI. The accessibility needs of people with incomes up to the relevant specific housing program should also be included, again increasing the number and percentage of accessible units that far exceed 5%.

Sixth, we know from HUD's CHAS 2000 census data (it is available by state, city or county) that for families who are renters and whose family income is < =30% area median income, about 28 - 31% have a "mobility and self-care impairment." They need accessible units!

Therefore, with the SSI level at about 15% of the AMI and at only 74% of the poverty level, with the "poverty" level at only about 40% of the AMI, with federally financed housing programs targeting persons far above the poverty level, and with the CHAS data demonstrating nearly 30% of people below 30% of the AMI have a mobility and self care impairment, the Section 504 minimum is far, far lower than the 2006 Census American Community Survey's "poverty" findings and far lower than the 2000 CHAS data.

Yes, there are a number of steps and yes, it is complicated. Nevertheless, here's the process to use in requesting HUD to increase the 5%/1%/1% Section 504 minimum.

Steve Gold, The Disability Odyssey continues

National Consortium for Health Systems Development

A project of Health & Disability Advocates

April 2008 eNews

WORK INCENTIVES PLANNING INFRASTRUCTURE MEETING WILL ADDRESS QUALITY AND SUSTAINABILITY

Recent discussions with several Medicaid Infrastructure Grants have identified a pressing need among MIGs for targeted technical assistance to support work incentives planning infrastructure. MIGs are particularly concerned about issues such as sustainability, quality assurance and effective collaboration with federal and state partners.

In response to these concerns, Health & Disability Advocates is creating a unique opportunity for NCHSD members to gather and discuss work incentives planning infrastructure development and sustainability. The one-and-a-half day meeting is scheduled for June 18–19 in Chicago. All NCHSD states are invited to participate.

A detailed agenda is being designed to help states identify the work incentives (WI) models that would best meet their own state's needs, develop infrastructure that compliments WIPA programs, anticipate and address quality concerns, set performance standards, and understand on-line tools and other planning resources. A key theme that will guide the agenda is ensuring sustainability of work incentives planning infrastructure beyond the life of the MIG program.

The meeting will feature Sue Suter, Associate Commissioner, Office of Employment Support Programs for SSA. She will share her views on the future of work incentives planning systems and hear from NCHSD members how SSA can best partner with the work states are doing.

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MIG PLANNING CALENDAR

April 14, 2pm Eastern	Second Quarterly CMS call with MIG grantees.
April 18	Medicaid Buy-In Finder Files due to Mathematica.
April 21, 1:30pm	NCHSD Spring Meeting, New Orleans.
April 22-24	CMS MIG/DMIE Employment Summit, New Orleans.
April 30	2008 First Quarter MIG Reports due; 2009 MIG Continuation and Competitive grant solicitations scheduled for release. Contact Christine Chalkley for more information.
June 16	2009 Medicaid Infrastructure Grant Competitive Applications due.

Visit our online Calendar for more events and deadlines.

*The **National Consortium for Health Systems Development**, a project of Health & Disability Advocates, is a state-to-state technical assistance partnership of Medicaid Infrastructure Grants across the country. E-News is published monthly and is available online at **www.nchsd.org**.*
For more information, contact Sara Salley at ssalley@hdadvocates.org.

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Meeting objectives include:

- Learning about the different models of work incentives planning infrastructure that MIGs are building around the country;
- Identifying quality assurance and quality management (QA/QM) measures that states can use as guidelines in their work incentives systems development;
- Collaborating with our federal partners at SSA and CMS on opportunities for long-term sustainability; and
- Learning about training and technical assistance work with the SSA-funded Work Incentives Planning and Assistance grants from Virginia Commonwealth University.

Each NCHSD state is invited to send two participants. HDA/NCHSD will cover meeting costs, while participating states will be responsible for travel, lodging and meal expenses.

NCHSD members who are interested in participating can contact Barbara Otto (botto@hdadvocates.org, 312-223-9600) or Joe Entwisle (jentwisle@hdadvocates.org) to reserve their space or ask questions about the meeting. A detailed agenda and registration information will be distributed later this month via email to members, and will be available on the NCHSD website.

Oregon and Massachusetts Have MIG Staff Openings

Oregon's Competitive Employment Project is seeking an Operations and Policy Analyst to provide programmatic, planning and analytical support for major initiatives in the Project's strategic plan. View a full job description and application instructions (applications are due April 18).

Massachusetts' Medicaid Infrastructure and Comprehensive Employment Opportunities grant has an opening for a Disability Employment Policy Senior Project Director to lead the development of disability-related employment policy, develop a statewide employer engagement strategy, facilitate innovative practices, and assure ongoing development of Medicaid strategies to support employment of people with disabilities. Use this link for more information.

STATE PARTNER NEWS

North Dakota Work Incentives Blog Debuts

North Dakota resident Terry Peterson has started a new web log or "blog" called *DisaBlogND* to share information about work incentives for people with disabilities. Billed as "a place for accurate SSI/SSDI work incentive information and updates," the blog offers important information about complex programs in an engaging and approachable format. Typical posts address topics such as PASS plans, how to file for an Economic Stimulus Payment and SSI limits on earnings. *Visit the blog.*

Maine MIG Conducts Working Together Employer Survey

The Maine Medicaid Infrastructure grant recently conducted a survey of about 45 companies that are part of or expressed interest in the MIG's Working Together initiative. The MIG distributed copies of the survey with a self-addressed envelope, while also offering respondents the option of filling it out online using Survey Monkey. Results from the survey, available here, offer insight into the questions and concerns businesses have about hiring people with disabilities, and their interest in participating in the Working Together partnership.

Washington MIG Funds Alderbrook 2007 Project

The MIG in Washington State recently helped fund an event known as "Alderbrook 2007" which brought together a statewide coalition of employment agencies, county coordinators and agency lead-

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STATE PARTNER NEWS

(Continued from page 2)

ers to discuss how the state created an expectation of employment for people with developmental disabilities. A paper documenting the event, its background and outcomes is now available using this link. Written by David Mank of Indiana University, the paper describes the tradition of leadership, discussion and debate that has led to the expectation of employment, and explores the core values, rights, responsibilities, culture and traditions that make the developmental disabilities community in Washington unique. The event's outcomes and implications for the future are also explored. Download the report, or contact Steve Kozak, Washington MIG Project Director, for more information.

Nebraska Expands Palliative Care Pilot

Nebraska's Ticket to Work Palliative Care program, which addresses chronic pain that stops people with disabilities from working, is being expanded from the Lincoln area to the northeast part of the state. Siouxland Palliative Care will implement the program, developed by the Nebraska Hospice and Palliative Care Partnership and the state's Department of Health and Human Services with funding from the Nebraska MIG. A nurse and social worker work with pilot participants and their physicians on recommendations related to pain management and refer participants to appropriate community resources. *Visit www.nepalliativecare.org for more information.*

CMS Employment Summit Update

NCHSD to Facilitate Two Workshops at MIG/DMIE Conference

The MIG/DMIE Employment Summit in New Orleans will include two workshops developed by NCHSD staff to address specific technical assistance needs among Medicaid Infrastructure Grants. An interactive ***plenary session on transportation,*** facilitated by Joe Entwisle, will examine strategies states use to leverage resources, develop partnerships, and create community ties. The session will feature Amy Conrick (Community Transportation Association of America) and Joan Willshire of the Minnesota MIG. Significant steps states have taken towards solutions will be reviewed, along with results from a survey on emerging employment-related transportation issues. Participants will leave the workshop with tools for planning and documenting transportation solutions. The transportation session takes place Thursday, April 24, at 9:00am.

In addition, Sara Salley is coordinating a ***PAS breakout session*** at 8:30am on Wednesday, April 23, entitled Making PAS Work for Working People. Presenters Nancy Scott of Kansas, Carol Ruddell of Utah and Scott Holladay of Arkansas will be joined by Claudia Brown of CMS to talk about challenges and solutions for building effective programs that meet the needs of working people. The session is designed to share promising practices and bring attention to concerns about the effectiveness and sustainability of PAS programs in the states.

RESOURCE EXCHANGE

The latest technical assistance opportunities, information and news

CMS Seeks Comments on Proposed Medicaid State Plan HCBS Rule
The Centers for Medicare and Medicaid Services published its proposed rule providing guidance to states on how to implement new section 1915(i) of the Social Security Act created by the Deficit Reduction Act of 2005 (DRA). The new provision allows states to create state plan home and community based services programs, eliminating many of the requirements of HCBS waiver programs such as imminent risk of institutionalization and budget neutrality. However, states may only use the new provision to cover individuals with income no greater than 150 percent of the federal poverty level. To date, Iowa is the only state that has been granted an HCBS state plan amendment, though three additional states—Colorado, Nevada and Georgia—have requests under CMS review. Comments are due by June 3. View the proposed rule and instructions for submitting comments.

Job Bank Security Fraud Awareness Webinar
The Department of Labor's Employment and Training Administration is hosting a Workforce^{3}One webinar on April 23 to raise awareness about security concerns for people who use state job bank data systems. Presenters from the Department of Labor, Federal Bureau of Investigation, and state agencies in Florida and Alabama will provide information to help job bank customers recognize, respond to, and report Internet scams. Registration is on a first-come, first-served basis. Use this link for more information or to register.

Feature Film Portrays Disability Movement's Struggle
Music Within is an award-winning full-length feature film based on the life of Richard Pimentel, Senior Partner of Milt Wright & Associates, a publishing, training and consulting firm for job development professionals and employers. The film portrays his experience with his own disability and how he helped change policies and attitudes toward people with disabilities through the disability movement and enactment of the Americans with Disabilities Act. Milt Wright & Associates developed a training curriculum built around the movie, with a special training edition of the DVD and a facilitation guide. The curriculum is designed for students, employers, veterans, persons with disabilities, workforce development and rehabilitation professionals, educators, special education, parents of individuals with disabilities and religious organizations. Visit Milt Wright & Associates' website for information about the training curriculum; learn more about the movie on its official website.

PAS Center Data on Home and Community Based Services and State Contacts
The PAS Center has updated important information about Medicaid home and community based services (HCBS). The most recent available data (for 2003) on participants and expenditures from three Medicaid HCBS programs are now viewable online for each state and for the entire United States—the mandatory home health benefit, the optional state plan personal care services benefit, and optional 1915(c) waivers. Tables also report program descriptions and contact information for all Medicaid 1915(c) waiver programs operating in 2007. Access the updated data here.

DOL Employment Summit: Transforming the American Workplace, a 21st Century Vision
The Department of Labor's Office of the 21st Century Workforce and Office of Disability Employment Policy (ODEP) are co-hosting a national summit to disseminate findings from six years of ODEP's grants and research. Scheduled for June 3-4, 2008 at Gallaudet University in Washington, D.C., the Summit will bring together employers, researchers and people with disabilities to examine best practices that help open the door to employment for people with disabilities. Check for updates on the Summit.

Visit the online Resource Exchange for more MIG news and materials.